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SECRETARY OF STATE
SECRETARY OF STATE

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## . COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: WARNKY Auto Sales LLC (Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Suranne WAMKy					
Suranne WAMKy (Name of Person)  WAMKY Auto Sales LLC (Firm/Company)  6250 Bayshore Rd Suite 1 (Address)					
6250 Bayshore Rd Soite 1					
N, Ft. Myer, F2 33917 (City/State and Zip/Code)					
For further information concerning this matter, please call:					
Suzanne WArnky at (239) 940-1500 (Name of Person) at (239) 940-1500 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\square\$					
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 SEP 17 AM 10: 13
SECRETARY OF STATE

, Ox	ALLAHASSEE FLORIDA		
Warnky Auto	Sales LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)		
	•		
The Articles of Organization for this Limited Liability Company	were filed on $4/22/08$ and assigned		
Florida document number L 08 000 0 4 0 1 47			
	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company home		
If amending name, enter the new name of the finited habit	ncy company nere:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	6250 Bayshore Rd. Ste. 1		
(Principal office address MUST BE A STREET ADDRESS)	Sta. 1		
	Ft. Myers FL 33917		
Enter new mailing address, if applicable:	6250 Bayshore Rd. Ste-1		
(Mailing address MAY BE A POST OFFICE BOX)	Ste- 1		
	Ft. Myers, FL 33917		
•	•		
B. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new		
registered agent and/or the new registered office address here	1		
•	•		
Name of New Registered Agent:			
New Registered Office Address:	(F. 1. Fl. 11		
	(Enter Florida street address)		
	, Florida		
	(City) (Zip Code)		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
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	<del> </del>		Add Remove
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D. If ame		(s) here: (Attach additional sheets, if necessary	SECON SECON
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Dated	Septenber 12, 200	<u>of</u> .	
	Signature of a member of	or authorized representative of a member	<del></del>
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00